

**PART B - FEE(S) TRANSMITTAL**

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APR 6 9 2007  
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959 7590 01/08/2007

**LAHIVE & COCKFIELD, LLP**  
ONE POST OFFICE SQUARE  
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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/776,674	02/11/2004	Rudolf Faust	ULI-002	3484

**TITLE OF INVENTION:** COPOLYMERS COMPRISING OLEFIN AND PROTECTED OR UNPROTECTED HYDROXYSTYRENE UNITS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/09/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TESKIN, FRED M	1713	525-298000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lahive & Cockfield, LLP  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Massachusetts Lowell

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lowell, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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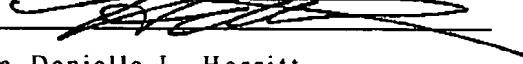
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 53 The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number 12-UOoO (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

• a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date April 9, 2007

Typed or printed name Danielle L. Herritt

Registration No. 43,670

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04/10/2007 INTEFSW 00000238 10776674

PTOL-85 (Rev. 07/06) Approved for use through 09/30/2007.  
 01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 3.00 DA

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